



Inspection Report on

Gelli Ceirios

Aberdare

Date Inspection Completed

12/04/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Gelli Ceirios

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	12/03/2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language.

Summary

People tell us they are happy living at Gelli Cerios. The service considers compatibility issues before agreeing new admissions. Detailed personal plans ensure staff understand the level and type of support people require. Plans are reviewed regularly and evidence some consultation with people. Risk assessments set out strategies to keep people safe. Individual routines and preferences are understood and people are able to positively occupy their day. Medication is managed effectively. People receive support to maintain contact with family and friends. The environment is pleasant and well maintained.

Recruitment checks are sufficiently robust and regular auditing ensures practices remain safe. Staff receive a period of induction and ongoing training to maintain their skills. Care staff receive regular supervision and tell us they are happy working for the service. Policies are up to date and sufficiently robust to support good practice. The Responsible Individual (RI) maintains regular monitoring visits and six monthly quality of care reports are completed in line with regulations.

Well-being

People are supported to make decisions and care staff recognise their individuality. The service supports people to express their views and make choices. Care staff consider people's routines and preferences and people can make decisions around their diet, preferred activities, and daily schedules. Personal plans focus on individual goals and work towards the development of new skills. People are asked to provide feedback on the service they receive however this needs to be undertaken more frequently. Resident meetings offer the chance to contribute to day-to-day decision making and people tell us staff are easy to talk with and are approachable.

The service considers people's physical and emotional well-being. Personal plans outline individual health needs and detail how the service intends to support positive outcomes. Regular reviews are completed to ensure plans remain up to date. Health appointments and referrals are made in a timely manner to ensure people remain as well as they can be. Medication is administered as prescribed. Daily records and monitoring charts document any changes in people's physical and emotional wellbeing. The service supports people to occupy their day by participating in a range of activities they enjoy. People receive support to maintain contact with family members and those who are important to them.

People are supported to remain safe, however notifications require improvement. The service provides suitable and safe accommodation with access restricted to authorised individuals. A range of policies are in place to support good care practices. Risk management plans assist in understanding and reducing behaviours which may challenge. Care staff have access to sufficient personal protective equipment (PPE) and receive training on its correct use. Safeguarding referrals are completed however notifications are not always submitted to Care Inspectorate Wales in line with regulations.

The environment supports people's well-being. People are able to personalise their rooms which supports a feeling of belonging. Communal areas are pleasantly decorated and provide a space where people can relax or participate in activities. The environment is clean and well maintained and safety checks are completed. There are plans in place in the event of an emergency evacuation.

People receive positive care and have things to look forward to. Care staff have a good understanding of those areas people may find challenging and provide support accordingly. A range of activities take place within the service and local community. People told us they have opportunities to undertake hobbies and interests and have previously taken holidays with the support of staff. On the day of inspection, we found sufficient staffing numbers to ensure care is received as outlined in personal plans. People told us staff are available and friendly, one stated *"I've got everything I need"* and *"everything is working ok"*, while another commented *"I love it here"*, *"everyone is really friendly"* and *"they (staff) are caring"*.

Detailed and up to date care documents are in place however, the service needs to strengthen the formal recording of feedback sought from people. We examined a number of personal plans and found they contained information on people's life experiences, medical history, current care needs, likes, dislikes and routines. People's individual strengths, aspirations, and goals are documented and considered. Specialist health and social care professionals contribute to the developing and reviewing of plans. Behavioural plans and risk assessments provide guidance, triggers, and strategies to support people. Daily records detail people's emotional and physical wellbeing, daily experiences, and achievements. The service completes monthly reviews of personal plans however we noted people are not consulted every three months as required. We advised the service this is an area for improvement and we would expect timely action to be taken to address this.

Medication systems in place are safe and effective. We viewed a sample of medication administration records (MAR's) and found these to be completed appropriately. Secure arrangements are in place for the storage of medication. PRN (as required) medication records clearly documents their reason for use and any outcomes for people. Daily room temperature checks ensure medication remains effective. Medication audits and an up to date medication policy ensures people receive the correct medication and practices remain safe.

Environment

The environment is clean and well maintained. The property is decorated in a manner that suits the people they support. Since the last inspection communal areas have been redecorated and the space looks homely and inviting. We found bedrooms are of a good size and that people have an opportunity to personalise their rooms.

The service considers potential environmental risks and hazards. Checks made ensure visitors hold the appropriate authorisation to access the service. Care workers have a good supply of personal protective equipment (PPE) and are confident in using these. An on-going programme of maintenance ensures the environment remains safe. The service undertakes appropriate security, utilities, and fire safety checks to ensure people remain as safe as possible. Personal evacuation plans are in place so care staff understand the level of support people need in the event of an emergency.

Policies and processes support the running of the service however the submission of notifications require improvement. Staffing rotas show sufficient staff in place to provide the right level of care and support. The service has a range of policies and procedures, which we found to be up to date and fit for purpose. Regular team meetings enable staff to express their views and make suggestions. The completion of three monthly visits and six monthly quality of care reviews supports the service to gather feedback on those areas which work well or require further improvement. The service is working towards a Welsh active offer, the statement of purpose (SOP) and service user guide are both available in Welsh upon request. The service's SOP is updated to reflect any changes to the service including the management structure and provision of care. Records show the management team do not always report significant events to Care Inspectorate Wales as required. We advised the service this is an area for improvement and we would expect timely action to be taken to address this.

The recruitment and training of staff is effective. We found recruitment files in good order and contain information to ensure staff are of good character and hold the necessary skills and qualifications. The training matrix we viewed evidenced core and specialist training is offered to all care staff. One staff member told us they had experienced a "*brilliant induction*", a period of shadowing and access to care files so they could become "*familiar with each person*" before providing direct support. Care staff told us they receive regular training and feel sufficiently knowledgeable and skilled to undertake their role.

Care workers feel supported and receive regular supervision. We saw evidence of regular supervision to support professional development and consider any changes to policies or practices. Care staff told us they feel supported in their role, comments include "*morale is good*", "*everything works well, we have a good team*", we have a "*good mix of staff, who are really supportive*" and provide "*fantastic*" care. Staff report feeling confident in approaching their manager with any queries, comments include the manager is "*brilliant*" and is "*always trying to improve things*".

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

16	The service does not consult with people with the required frequency when undertaking reviews.	New
60	The service does not always notify CIW of all required events/incidents.	New
16	Only reviewing care plans 6 monthly	Achieved

Date Published 22/05/2023